

NAME:	LICENSE#:
ADDRESS:	
CITY/STATE/ZIP	

BOARD OF BARBERS & COSMETOLOGISTS RENEWAL APPLICATION FOR COSMETOLOGISTS

Your Montana Cosmetologist personal operator license will expire on December 31, 2003.

Please check the following license type you wish to renew:

Fee: \$45.00	<input type="checkbox"/> Cosmetologists	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Electrologists
Fee: \$50.00	<input type="checkbox"/> Inactive Instructors		Fee: \$60.00	<input type="checkbox"/> Active Instructors

To renew your license:

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Make check payable to the Board of Barbers & Cosmetologists.
- 4) Please refer to the table above for the correct amount for your renewal.
- 5) Renewals postmarked after December 31 will be assessed a penalty fee of \$75.00 in addition to your renewal fee.
- 6) Indicate any address correction/change at the top of the form.
- 7) Sign the renewal application.
- 8) Return the renewal application and fee to the Board office postmarked by December 31.
- 9) A renewal that has been returned to a licensee from the Board office for any reason must be postmarked by December 31 to avoid paying a late fee.

CONTINUING EDUCATION STATEMENT FOR ACTIVE INSTRUCTORS:

For an active instructor license, enclose completed original Continuing Education attendance forms with signatures, equaling 30 credit hours.

An inactive instructor license does not require continuing education

Please provide the following information for the Board's records:

Work Telephone Number:
Home Telephone Number:
Place of Work:
Work Address:

Incomplete or unsigned renewal applications will not be processed and will be returned.

☐ Yes ☐ No Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: _____ Date: _____